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Bib Data Sheet

SERIAL NUMBER 09/678,637	FILING DATE 10/03/2000 RULE -	CLASS 700	GROUP ART UNIT 2121	ATTORNEY DOCKET NO. 5000-83702
APPLICANTS Michael R. Conboy, Austin, TX ; Danny C. Shedd, Austin, TX ; Elfido Coss JR., Austin, TX ;				
** CONTINUING DATA ***** THIS APPLICATION IS A DIV OF 08/878,787 06/19/1997 <i>mm</i>				
** FOREIGN APPLICATIONS ***** <i>none mm</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/15/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>mm</i> Acknowledged <i>mm</i> Examiner's Signature Initials		STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 7
				INDEPENDENT CLAIMS 1
ADDRESS Robert C Kowert Conley Rose & Tayon PC P O Box 398 Austin, TX 78767				
TITLE Automated material handling system for a manufacturing facility divided into separate fabrication areas				
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 6043

SERIAL NUMBER 09/678,637	FILING DATE 10/03/2000 RULE	CLASS 700	GROUP ART UNIT 2125	ATTORNEY DOCKET NO. 5000-83702
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APPLICANTS

Michael R. Conboy, Austin, TX;
 Danny C. Shedd, Austin, TX;
 Elido Coss JR., Austin, TX;

** CONTINUING DATA *****

This application is a DIV of 08/878,787 06/19/1997 PAT 6,157,866 *MM*

** FOREIGN APPLICATIONS *****

none *May*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/15/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
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Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials

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TITLE
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